Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective Octobe PE 2001AVAILABLE COPY 515 - 4943

|   |   | CLAIMS AS                                 | S FILED -<br>(Column |                               | (Column 2)           |                  |                 | SMALL ENTITY TYPE                   |                        |                         | OTHER THAN SMALL ENTITY |                        |
|---|---|---|----------------------|-------------------------------|----------------------|------------------|-----------------|-------------------------------------|------------------------|-------------------------|-------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 3                    |                               |                      |                  |                 | RATE                                | FEE                    |                         | RATE                    | FEE                    |
| FOR   |   |   | NUMBER FILED         |                               | NUMBER EXTRA         |                  |                 | BASIC FEE                           | 370.00                 | OR                      | BASIC FEE               | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                       |   |   | 3 minus 20=          |                               | *                    |                  |                 | X\$ 9=                              | 1                      | OR                      | X\$18=                  |                        |
| INDEPENDENT CLAIMS  |   |   | minus 3 =            |                               | *                    |                  |                 | X42=                                | į                      | OR                      | X84=                    |                        |
| ML  | ILTIPLE DEPEN   | IDENT CLAIM PI                            | RESENT               |                               |                      |                  |                 | +140=                               | 1                      | OR                      | +280=                   |                        |
| * If  | the difference  | in column 1 is                            | less than ze         | ro, enter                     | r "0" in c           | "0" in column 2  |                 | TOTAL                               | 370                    | OR                      | TOTAL                   |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |   |                      |                               |                      |                  | SMALL ENTITY OF |                                     |                        | OTHER THAN SMALL ENTITY |                         |                        |
| AMENDMENT A   |   | CLAIMS REMAINING AFTER AMENDMENT          | •                    | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |                 | RATE                                | ADDI-<br>TIONAL<br>FEE |                         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total   | · 3                                       | Minus                | *                             | ? <b>O</b>           | =                |                 | X\$ 9=                              |                        | OR                      | X\$18=                  |                        |
|   | Independent   | * /                                       | Minus                | ***                           | S CLAIM              | -                |                 | X42=                                |                        | OR                      | X84=                    |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |   |                      |                               |                      |                  |                 | +140=.                              |                        | OR                      | +280=                   |                        |
|   |   |   |                      |                               |                      |                  | Δ               | TOTAL<br>DDIT. FEE                  |                        | OR                      | TOTAL<br>ADDIT. FEE     |                        |
|   |   | (Column 1)                                |                      | (Colur                        |                      | (Column 3)       | _               |                                     |                        |                         |                         |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |                 | RATE                                | ADDI-<br>TIONAL<br>FEE |                         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total   | • క                                       | Minus                | ** å                          | 0                    | =                |                 | X\$ 9=                              |                        | OR                      | X\$18=                  |                        |
|   | Independent   | *<br>NTATION OF MU                        | Minus                | ***                           | 3                    | -                | [               | X42=                                |                        | OR                      | X84=                    |                        |
|   | FIRST PRESE   | NTATION OF MC                             | JLTIPLE DEP          | ENDENI                        | CLAIM                | <u> </u>         | , L             | +140=                               |                        | OR                      | +280=                   |                        |
|   | •   |   |                      |                               |                      |                  | ^               | TOTAL<br>DDIT. FEE                  |                        | OR                      | TOTAL<br>ADDIT. FEE     |                        |
|   |   | (Column 1)                                |                      | (Colur                        |                      | (Column 3)       | _ ^             | DD11.1 LL =                         |                        |                         | ADDI1.1 EE              |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |                 | RATE                                | ADDI-<br>TIONAL<br>FEE |                         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total   | * Le                                      | Minus                | ** 6                          | 20                   | =                |                 | X\$ 9=                              |                        | OR                      | X\$18=                  |                        |
|   | Independent   | * Z                                       | Minus                | ***                           | 3<br>T CLAIM         | =                |                 | X42=                                |                        | OR                      | X84=                    |                        |
| <u></u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                      |                               |                      |                  |                 | +140=                               |                        | OR                      | +280=                   |                        |
| **  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                      |                               |                      |                  |                 |                                     |                        |                         | TOTAL<br>ADDIT. FEE     |                        |
| ***   | If the "Highest Nu  | mber Previously Pa<br>aber Previously Pai | aid For" IN THI      | S SPACE i                     | is less tha          | n 3, enter "3."  |                 | DDIT. FEE <b>L</b><br>nd in the app | ropriate box           |                         |                         |                        |